

PREPARED BY AND RETURN TO:  
JEFF S. MCCASKILL - ATTORNEY AT LAW  
48 STATELINE RD. W.  
SOUTHAVEN, MS 38671  
(601) 393-8542  
file 98-453

STATE MS.-DE SOTO CO.

15  
mc AUG 19 9 15 AM '98

BK 338 PG 273  
W.E. DAVIS CH. CLK.

NANCY C. VERBLE, A Single Person,  
GRANTOR

TO:

WARRANTY DEED

GARY C. ENDERS, SR., A Married Person,  
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, the undersigned Grantor, Nancy C. Verble, does hereby sell, convey, and warrant unto the above Grantee, Gary C. Enders, Sr., a married person, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

**Lot 39, Section C, South Manor Estates, situated in Sections 2 and 3, Township 2 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 42, Pages 15-16, in the Office of the Chancery Clerk of DeSoto County, Mississippi.**

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

It is understood and agreed that the taxes for the year 1998 have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount of overpayment

Warren H. Verble, husband of Grantor died on September 27, 1995. A copy of the Death Certificate is attached as Exhibit "A". Nancy C. Verble took title with Warren H. Verble as tenants by the entirety with full rights of survivorship and not as tenants in common.

Possession is to be given with the Delivery of this Deed.

Witness my signature this the 13th day of August, 1998.

Nancy C. Verble  
NANCY C. VERBLE  
GRANTOR

STATE OF Mississippi  
COUNTY OF DeSoto

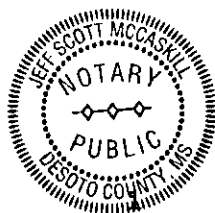
Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Nancy C. Verble, who acknowledged that she signed and delivered the above and foregoing instrument, on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

Given under my hand and seal this 13th day of August, 1998.

Jeff Scott McCaskill  
NOTARY

My commission Expires: 8-22-2001

Grantor's Address:  
P.O. Box 887  
Southaven, MS 38671  
(H) N/A  
(W) N/A



MY COMMISSION EXPIRES:  
AUGUST 22, 2001

Grantee's Address:  
5590 Malone Road  
Olive Branch, MS 38654  
(H) 615-895-3200  
(W) 901-396-5020

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

007196

1. DECEDENT'S NAME (First, Middle, Last) <b>WARREN HOWARD VERBLE</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 27, 1995</b>
4. SOCIAL SECURITY NUMBER <b>414-38-7073</b>	5a. AGE - LAST BIRTHDAY (Years) <b>64</b>	5b. DECEASED <b>2</b> <input checked="" type="checkbox"/> <b>ER/Outpatient</b> <b>3</b> <input type="checkbox"/> <b>DOA</b>	6. DATE OF BIRTH (Month, Day, Year) <b>AUG. 20, 1931</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>MEMPHIS, TN.</b>		8. PLACE OF DEATH (Specify only one) <b>HOSPITAL</b>	
9. WAS DECEDENT EVER IN U.S. ARMS FORCES? <b>1</b> <input checked="" type="checkbox"/> <b>Yes</b> <b>2</b> <input type="checkbox"/> <b>No</b>		10. FACILITY NAME (If not institution, give street and number) <b>BAPTIST CENTRAL HOSPITAL</b>	
11. SURVIVING SPOUSE (If wife, give maiden name) <b>NANCY WEEDEN</b>		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>MACHINIST</b>	
13a. RESIDENCE - STATE <b>MS.</b>		13b. CITY, TOWN, OR LOCATION <b>OLIVE BRANCH</b>	
13c. STREET AND NUMBER OR RURAL LOCATION <b>5590 MALONE RD.</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>1</b> <input type="checkbox"/> <b>Yes</b> <b>0</b> <input checked="" type="checkbox"/> <b>No</b>	
15. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>	
17. FATHER'S NAME (First, Middle, Last) <b>CHARLES THOMAS VERBLE</b>		18. MOTHER'S NAME (First, Middle, Last) <b>MYRTLE DAISY MILES</b>	
19a. INFORMANT'S NAME (Type/Print) <b>NANCY VERBLE</b>		19b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>	
20a. METHOD OF DISPOSITION <b>1</b> <input checked="" type="checkbox"/> <b>Burial</b> <b>2</b> <input type="checkbox"/> <b>Cremation</b> <b>3</b> <input type="checkbox"/> <b>Removal from State</b>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FOREST HILL EAST CEMETERY</b>	
20c. LOCATION - City or Town, State <b>MEMPHIS, TN.</b>		21a. SIGNATURE OF FUNERAL DIRECTOR <b>SUSAN RONEY</b>	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4138</b>		21c. SIGNATURE OF EMBALMER <b>WILLIAM JOYNER III</b>	
21d. LICENSE NUMBER OF EMBALMER <b>4341</b>		22a. NAME AND ADDRESS OF FUNERAL HOME <b>FOREST HILL FUNERAL HOME</b> <b>P.O. BOX 34577 MEMPHIS, TN. 38184</b>	
22b. LICENSE NUMBER OF FUNERAL HOME <b>918</b>		23. REGISTRAR'S SIGNATURE <b>Mary Ann Bradshaw</b>	
24. DATE FILED (Month, Day, Year) <b>OCT 05 1995</b>		25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <b>1</b> <input checked="" type="checkbox"/> <b>SIGNATURE AND TITLE OF PHYSICIAN</b> <b>DR. THOMAS STERN</b>	
25b. LICENSE NUMBER <b>633</b>		25c. DATE SIGNED (Month, Day, Year) <b>10/2/95</b>	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <b>2</b> <input type="checkbox"/> <b>SIGNATURE AND TITLE OF MEDICAL EXAMINER</b>		26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>DR. THOMAS STERN 910 MADISON AVE. S-608 MEMPHIS, TN. 38103</b>	
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> <b>Acute Myocardial Infarction</b> <b>DUE TO (OR AS A CONSEQUENCE OF):</b>		Approximate Interval Between Onset and Death <b>3 hrs</b>	
28a. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>b. DUE TO (OR AS A CONSEQUENCE OF):</b>		28b. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>c. DUE TO (OR AS A CONSEQUENCE OF):</b>	
28c. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>d. DUE TO (OR AS A CONSEQUENCE OF):</b>		28d. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>e. DUE TO (OR AS A CONSEQUENCE OF):</b>	
29a. WAS AN AUTOPSY PERFORMED? <b>1</b> <input type="checkbox"/> <b>Yes</b> <b>2</b> <input type="checkbox"/> <b>No</b>		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <b>1</b> <input type="checkbox"/> <b>Yes</b> <b>2</b> <input type="checkbox"/> <b>No</b>	
30. MANNER OF DEATH <b>1</b> <input type="checkbox"/> <b>Natural</b> <b>5</b> <input type="checkbox"/> <b>Pending Investigation</b> <b>2</b> <input type="checkbox"/> <b>Accident</b> <b>6</b> <input type="checkbox"/> <b>Could not be Determined</b> <b>3</b> <input type="checkbox"/> <b>Suicide</b> <b>7</b> <input type="checkbox"/> <b>Other</b> <b>4</b> <input type="checkbox"/> <b>Homicide</b>		31a. DATE OF INJURY (Month, Day, Year) <b>SEP 27 1995</b>	
31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? <b>1</b> <input type="checkbox"/> <b>Yes</b> <b>2</b> <input type="checkbox"/> <b>No</b>	
31d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>5590 MALONE RD. OLIVE BRANCH, MS.</b>		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>5590 MALONE RD. OLIVE BRANCH, MS. 38654</b>	

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE  
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with  
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

NOV 15 1995

Date Issued

by Glen D. Fouse  
Glen D. Fouse, Registrar  
Vital Records Section